

Please type or print in ink.

2013 APR 15 AM 11:38

13 APR 11 AM 7:42

NAME OF FILER

(LAST)

(FIRST)

MICHELIN

NILO

1. Office, Agency, or Court

Agency Name

CITY OF HAWTHORNE

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

CITY COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of HAWTHORNE

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

3-28-13

(month, day, year)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MICHELIN, NILO

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym) ELECTED OFFICIALS
NATIONAL ASSOCIATION OF LATINO
ADDRESS (Business Address Acceptable)
1122 W WASHINGTON BLVD
CITY AND STATE
LA, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 11/15/12 11/18/12 AMT: \$ 1734
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

CONFERENCE SCHOLARSHIP

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ AMT: \$____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym) NATIONAL ASSOCIATION
OF LATINO ELECTED OFFICIALS
ADDRESS (Business Address Acceptable)
1122 W WASHINGTON BLVD
CITY AND STATE
LA, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 4/20/12 4/22/12 AMT: \$ 1427
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

CONFERENCE SCHOLARSHIP

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ AMT: \$____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____